Department of Health & Human Services
DHHS
NEBRASKA

Division of Medicaid and Long-Term Care

State of Nebraska
Dave Heineman, Governor

PROVIDER BULLETIN No. 12-17

Date: March 29, 2012

TO: All Providers Participating in the NE Medicaid Program

FROM: Vivianne M. Chaumont, Director
Division of Medicaid & Long-Term Care

BY: Jeanne M. Larsen, Deputy Director, Claims

RE: NE Medicaid's Agreement with Group Health Incorporated (CMS Coordination of Benefits Contractor) for Crossover Claims

Please Share This Information With Administrative, Clinical, and Billing Staff.

We have notified the CMS coordination of benefits contractor, Group Health Incorporated (GHI) of Nebraska Medicaid's intent to change our Trading Partner agreement with Medicare to exclude receipt of adjustment transactions for crossover claims.

The reason for the change to exclude the receipt of adjustment transactions is that the difference in dollar amount is minimal, and in many cases, results in no change to the original payment. With that, the processing of these transactions places administrative and cost-benefit burdens on our providers as well as NE Medicaid. Additionally, the processing of the mass adjustments increases NE Medicaid's claims processing inventory, and reduces the turnaround time capabilities for new claims and routine or regular claim adjustments.
The claim types being **excluded** from the Medicare crossover file to NE Medicaid will include (but not necessarily be limited to) the following:

- Original Medicare claims fully paid without deductible or co-insurance remaining.
- Adjustment claims fully paid without deductible or co-insurance remaining.
- Original Medicare claims paid at greater than 100% of submitted charges without deductible or coinsurance remaining.
- 100% denied original claims, with no additional beneficiary liability.
- 100% denied adjustment claims, with no additional beneficiary liability.
- 100% denied original claims, with additional beneficiary liability.
- 100% denied adjustment claims, with additional beneficiary liability.
- Mass adjustment claims – Other (monetary or non-monetary)
- Medicare Secondary Payer (MSP) cost-avoided (fully denied) claims

For these **excluded** claim types, including mass adjustment transactions, the provider notification from Medicare will no longer indicate the automatic forwarding of these claims to NE Medicaid. Providers will have the flexibility to decide whether pursuing the adjustments is cost-effective based on the administrative processing requirements and dollar amount. The following outlines the simplified process:

- If a provider chooses to not pursue an adjustment on a Medicare adjustment transaction, nothing further is required.
- If a provider does choose to pursue an adjustment on a Medicare adjustment transaction, NE Medicaid will process the requests following the process outlined under 471-000-99 Medicaid Claim Adjustment and Refund Procedures located at: http://dhhs.ne.gov/Documents/471-000-99.pdf

If you have questions regarding this bulletin, please contact the Medicaid Inquiry Line at 877-255-3092 or 402-471-9128.